Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company,

The Netherlands Insurance Company

Product Name: Workers Compensation SERFF Tr Num: LBRM-125757246 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: 2008-02390 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler

Authors: Tammy Blake, Kelly JoslynDisposition Date: 09/25/2008

Date Submitted: 08/01/2008 Disposition Status: Approved

Effective Date Requested (New): 09/01/2008 Effective Date (Renewal): 09/01/2008 Effective Date Requested (Renewal):

1

State Filing Description:

General Information

Project Name: WC Domestic Terrorism - Form Status of Filing in Domicile: Pending

Project Number: 2008-02390 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 09/25/2008

State Status Changed: 08/01/2008 Deemer Date:

Corresponding Filing Tracking Number: 2008-02389

Filing Description:

Effective September 1, 2008 for new and renewal business, we wish to file revisions to our Workers Compensation Program. With this submission we are filing our new Disclosure Notice that coincides with the Terrorism and Catastrophe (other than Certified Acts of Terrorism) rate change filed under separate cover (our filing #2008-02389).

Enclosed, please find our Disclosure Notice along with the required filing forms.

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst tammy.blake@LibertyMutual.com

62 Maple Avenue (800) 826-6189 [Phone] Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company CoCode: 12696 State of Domicile: New Hampshire

62 Maple Ave. Group Code: 111 Company Type: P & C Keene, NH 03431 Group Name: State ID Number:

(800) 826-6189 ext. [Phone] FEIN Number: 58-0953149

Peerless Indemnity Insurance Company CoCode: 18333 State of Domicile: Illinois

62 Maple Ave. Group Code: 111 Company Type: Property &

Casualty

Keene, NH 03431 Group Name: State ID Number:

(800) 826-6189 ext. [Phone] FEIN Number: 13-2919779

Peerless Insurance Company CoCode: 24198 State of Domicile: New Hampshire

62 Maple Avenue Group Code: 111 Company Type: Property &

Casualty

Keene, NH 03431 Group Name: State ID Number:

(800) 826-6189 ext. [Phone] FEIN Number: 02-0177030

.....

The Netherlands Insurance Company CoCode: 24171 State of Domicile: New Hampshire

62 Maple Avenue Group Code: 111 Company Type: Property &

Casualty

Keene, NH 03431 Group Name: State ID Number:

(800) 826-6189 ext. [Phone] FEIN Number: 02-0342937

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Retaliatory? No

Fee Explanation: 50.00 per filing

Per Company: No

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Peerless Indemnity Insurance Company	\$50.00	08/01/2008	21728485
America First Insurance Company	\$0.00	08/01/2008	
Peerless Insurance Company	\$0.00	08/01/2008	
The Netherlands Insurance Company	\$0.00	08/01/2008	

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Correspondence Summary

Created By

Dispositions

Status

NOTICE

Approved Approved Amendme	Carol Stiffler Carol Stiffler nts	09/25/2008 08/01/2008	09/25/200 08/01/200	
ltem	Calcadula	•		
	Schedule	Created By	Created On	Date Submitted

Created On

Date Submitted

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Disposition

Disposition Date: 09/25/2008 Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This filing was re-opened because the company attached the wrong terrorism disclosure notice. They have

substituted the correct notice and the filing is being closed with no change to the 9/1/08 effective date.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

NOTICE

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Public Access Item Type Item Name Item Status Uniform Transmittal Document-Property & Approved Yes **Supporting Document** Casualty TERRORISM INSURANCE PREMIUM Yes Form (revised) **NOTICE** TERRORISM INSURANCE PREMIUM Approved Yes **Form**

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Disposition

Disposition Date: 08/01/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

NOTICE

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Public Access Item Type Item Name Item Status Uniform Transmittal Document-Property & Approved Yes **Supporting Document** Casualty TERRORISM INSURANCE PREMIUM Yes Form (revised) **NOTICE** TERRORISM INSURANCE PREMIUM Approved Yes **Form**

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Amendment Letter

Amendment Date:

Submitted Date: 09/25/2008

Comments: HI CAROL -

THANK YOU FOR OPENING THIS FILING.

PER OUR CONVERSATION, I HAD ATTACHED THE WRONG DISCLOSURE NOTICE FOR APPROVAL.

AT THIS TIME I WISH TO WITHDRAW THE NP 75 20 (09/08) AND REPLACE IT WITH ST-WC-506 (09/08).

I APOLOGIZE FOR MY ERROR.

THANK YOU,

TAMMY BLAKE

Changed Items:

Form Schedule Item Changes:

Form	Form	Edition	Form	Action	Replaced	Previous	Readability	Attachments
Name	Number	Date	Type		Form #	Filing #	Score	
TERRORIS	ST-WC-506	0908	Other	New				ST-WC-506
M								09 08.pdf
INSURANC								
E PREMIUN	Л							
NOTICE								

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action		Form Type Action Action Speci		Action Specific	Readability	Attachment
Status			Date			Data				
	TERRORISM	ST-WC-	0908	Other	New			ST-WC-506		
	INSURANCE	506						09 08.pdf		
	PREMIUM									
	NOTICE									

TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" <u>AND</u> that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to -
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

ST-WC-506 (09/08) Page 1 of 2

PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from "certified acts of terrorism." Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

THE PREMIUM CHARGE FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE AS "FOREIGN TERRORISM COVERAGE", "TRIA COVERAGE" OR "CATASTROPHE PROVISONS FOR TERRORISM" AND, WHERE APPLICABLE, A SEPARATE LINE ITEM CHARGE CONTAINING THE WORDS "DOMESTIC TERRORISM."

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your agent.

ST-WC-506 (09/08) Page 2 of 2

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 2008-02390

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: WC Domestic Terrorism - Form/2008-02390

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 08/01/2008

Property & Casualty

Comments:

Attached

Attachment:

P&C FORM.pdf

Property & Casualty Transmittal Document

1.	1 . Reserved for Insurance Dept. Use Only		2. Insurance Department Use only								
			a. Date the filing is received:								
			b. Analyst:								
				c. Disposition: d. Date of disposition of the filing:							
				e. Effective date of filing:							
					New Bu	ısin	ess				
					Renewa	al B	usiness				
				f. Sta	te Filing	#:					
				g. SE	RFF Filin	ıg#	:				
				h. Sul	oject Cod	les					
3	Group Name								Grou	p NAIC #	
<u>J.</u>	Liberty Mutual Agency Markets								111	p IIAIO #	
					.		NA 10 #			0	
4.	Company Name(s)				Domicil	е	NAIC #	FEI	N #	State #	
	Peerless Insurance Company				NH		24198				
	The Netherlands Insurance Co America First Insurance Compa				NH NH		24171 12696				
	Peerless Indemnity Insurance (NH		18333				
	T concess macrimity modranes (Joinpany			1411		10000				
5	Company Tracking Number			2008-0	2390						
	Company Tracking Number			2008-02							
Cor	ntact Info of Filer(s) or Corpor		r(s)	[include	toll-free	nur	4				
	ntact Info of Filer(s) or Corpor Name and address	Title		[include	toll-free		FAX#	tar		e-mail	
Cor	ntact Info of Filer(s) or Corpor Name and address Tammy Blake	Title Sr. Analyst	t,	[include	toll-free		4		mmy.	blake@	
Cor	ntact Info of Filer(s) or Corpor Name and address Tammy Blake 62 Maple Avenue	Title	t,	[include	toll-free		FAX#		mmy.		
Cor	ntact Info of Filer(s) or Corpor Name and address Tammy Blake 62 Maple Avenue	Title Sr. Analyst Regulatory	t,	[include	toll-free		FAX#		mmy.	blake@	
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Cor 6.	ntact Info of Filer(s) or Corpor Name and address Tammy Blake 62 Maple Avenue Keene NH 03431	Title Sr. Analyst Regulatory	t,	[include	toll-free		FAX#		mmy.	blake@	
6. 7.	Name and address Tammy Blake 62 Maple Avenue Keene NH 03431 Signature of authorized filer	Title Sr. Analyst Regulatory Filing AM	t,	[include Teleph 603-358	toll-free none #s 3-4520		FAX#		mmy.	blake@	
7. 8.	Name and address Tammy Blake 62 Maple Avenue Keene NH 03431 Signature of authorized filer Please print name of authorize	Title Sr. Analyst Regulatory Filing AM d filer	t, ′	[include Teleph 603-358	e toll-free none #s B-4520 Blake	603	FAX # 3-352-9252		mmy.	blake@	
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Effective	10 M	arch '	1 2	Ω
-112011	/ / IV/I2	arcen :	1 /1	11 1 /

18. Company's Date of Filing	August 1, 2008
19. Status of filing in domicile	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—
20. This filing transmittal is part of Company Tracking # 2008-02390
21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
Effective September 1, 2008 for new and renewal business we wish to file our new Disclosure Notice in regards to Domestic Terrorism.
22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount:
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)